Capaniors for Court - 10-8/2												10/646828			
ŀ	CLAIMS AS FILED - PART I														
Ī	FOR	(Column 1)			(Column 2)		_	SMA	LL ENTITY	′	OR	OTI SMA	HER THAI ICL ENTITI		
Ī	BASIC FEE (3) OFR 1.46(#1)	HUMBER FILEO		€0	HUMBER EXTRA			RATE	−f€	ε	٠	RATE	· FO		
- 1	TOTAL CLAIMS DI CER 1.16(c)				·	<u> </u>	-	-			OR		1,		
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1	MULTIPLE DEPENDENT CLAIMPRESENT . (37 CFR 1.18(d))							J ·	+ 5.180			OR	.360		
1	fills difference in column 1 is less than zero, enter 10° in column 2.								TOTAL		\dashv	on.	<u> </u>	 	
	CLAIMS AS AMENDED - PART II								•	·	`	J 11	TOTAL	L	
L		(Co	umn 1)		(Column 2		(Column 3)		C. A. A.	•	•	DR	OTHE	R THAN	
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AMENDMENT C		REMAN AFTI AMEND	NING ER		HIGHEST NUMBER PREVIOUS PAID FOR	۱ ۲	PRESENT EXTRA		RATE	ADDI- TIONAL			RATE	ADDI TIONAL	
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The Highest Number Previously Paid For (N THIS SPACE is less than 20, enter "20".

If the Highest Number Previously Paid For (N THIS SPACE is less than 3, enter "2",

The Highest Number Previously Paid For (Nother Space is less than 3, enter "2",

The Highest Number Previously Paid For (Nother Space is less than 3, enter "2",

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Including gathering, preparing, and submitting the compicated application form to the USPTO is the utility of the compicated application form to the USPTO. Then will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for rebucing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerco, 17.0. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO FHIS

If you need essistence in completing the form, cell 1-800-P TO-9199 and soled option 2